MAXIMUS Federal Services

Case Number:	CM14-0004705		
Date Assigned:	01/22/2014	Date of Injury:	05/03/2007
Decision Date:	03/25/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant has filed a claim for chronic low back pain with derivative psychological stress issues associated with an industrial injury of May 3, 2007. Thus far, the applicant has been treated with the following: Analgesic medications, and trigger point injection therapy. A clinical progress note of December 16, 2013 is notable for comments that the applicant reports multifocal low back and right extremity pain complaints, 7-8/10. There is radiation of pain from the low back radiating to the right leg. The applicant is on Norco, Motrin, and Flexeril for pain relief. Positive facetogenic tenderness is noted with active tender points also noted. The applicant is asked to obtain medial branch block procedures and, if successful, obtain radiofrequency rhizotomy procedures. Trigger point injections, Norco, Flexeril, and LidoPro cream are also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

A right medial branch block at L3-S1, and if successful, rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and Table 12.8, 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, radiofrequency neurotomy procedures or, by analogy, the rhizotomy procedures proposed here should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Thus, while the medial branch block procedures could be contemplated in individuals with suspected facetogenic pain, a rhizotomy or neurotomy procedure should only be performed after the applicant has had successful medial branch blocks. In this case, however, the applicant is described as having trigger points, tender points, and low back pain radiating to the leg. The applicant, thus, by implication, is given diagnosis of myofascial pain syndrome/myofascial tender points, lumbar radiculopathy, and facetogenic low back pain. There is, consequently, lack of diagnostic clarity if the attending provider has proposed multiple sets of interventional spine procedures. It is further noted that the overall ACOEM recommendation on facet joint blocks, either diagnostic or therapeutic, in Chapter 12, Table 12-8 is not recommended. Therefore, the request is not certified both owing to the lack of diagnostic clarity and owing also to the unfavorable ACOEM recommendation.